

Chapter 13 Plan Form, Revised 10/24/2005

CHAPTER 13 PLAN  
UNITED STATES BANKRUPTCY COURT  
Southern DISTRICT OF MISSISSIPPI CASE NO. 11-51958

Debtor Charles Jefferson SS # XXX-XX-9001 Current Monthly Income \$ 1815.05  
Joint Debtor Sandra Jefferson SS # XXX-XX-8436 Current Monthly Income \$ 1069.20  
Address 36 Carl Jones Road, Laurel, MS 39443 No. of Dependents 3  
Telephone No. 601-433-6261 TAX REFUNDS AND EIC FOR DISTRIBUTION: \_\_\_\_\_

THIS PLAN DOES NOT ALLOW CLAIMS. Creditors must file a proof of claim to be paid under any plan that may be confirmed, and the treatment of all secured / priority debts must be provided for in this plan.

PAYMENT AND LENGTH OF PLAN

The plan period shall be for a period of 60 months, not to exceed 60 months. Debtor or Joint Debtor will make payments directly to the Trustee ONLY if self-employed, unemployed, or the recipient of government benefits.

- (A) Debtor shall pay \$ 906.00 per (monthly) semi-monthly / weekly / bi-weekly to the Chapter 13 Trustee. A payroll deduction order will be issued to Debtor's employer @: Swift Transportation Corp.  
2900 S 75th Ave  
Phoenix, AZ 85043
- (B) Joint Debtor shall pay \$ \_\_\_\_\_ per (monthly / semi-monthly / weekly / bi-weekly) to the Chapter 13 Trustee. A payroll deduction order will be issued to Debtor's employer @: \_\_\_\_\_

PRIORITY CREDITORS. Filed claims that are not disallowed to be paid in full: IRS \$ 509.03 @ \$ 8.48 /mo  
State Tax Commission \$ \_\_\_\_\_ @ \$ \_\_\_\_\_ /mo Other \$ \_\_\_\_\_ @ \$ \_\_\_\_\_ /mo

DOMESTIC SUPPORT OBLIGATIONS (POST PETITION) DUE TO: \_\_\_\_\_

beginning \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ per month shall be paid:  
\_\_\_\_\_ direct \_\_\_\_\_ through payroll deduction \_\_\_\_\_ through the plan.

PREPETITION DOMESTIC SUPPORT ARREARAGE CLAIMS DUE TO: MS Dept of Human Services  
CRDU, P.O. Box 4301  
Jackson MS 39296

In the amount of \$ 2611.41 shall be paid \$ \_\_\_\_\_ per month:  
\_\_\_\_\_ through payroll deduction X through the plan.

HOME MORTGAGE(S)

MTG PMTS TO: _____	BEGINNING _____	@ \$ _____	( ) PLAN ( ) DIRECT
MTG PMTS TO: _____	BEGINNING _____	@ \$ _____	( ) PLAN ( ) DIRECT
MTG PMTS TO: _____	BEGINNING _____	@ \$ _____	( ) PLAN ( ) DIRECT
MTG ARREARS TO: _____	THROUGH _____	\$ _____	@ \$ _____ /MO*
			(*Including interest at _____ %)
MTG ARREARS TO: _____	THROUGH _____	\$ _____	@ \$ _____ /MO*
			(*Including interest at _____ %)
MTG ARREARS TO: _____	THROUGH _____	\$ _____	@ \$ _____ /MO*
			(*Including interest at _____ %)

Debtor's Initials cf Joint Debtor's Initials SA

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**SECURED CLAIMS.** Creditors that have filed claims that are not disallowed are to retain lien(s) under 11 U.S.C. 1325(a)(5)(B)(i) until plan is completed and be paid as secured claimant(s) the sum set out in the column "Total Amt. to be Paid" or pursuant to Order of the Court. That portion of the claim not paid as secured shall be paid as an unsecured claim.

Creditor's Name	Collateral	Approx. Amt. Owed	Value	Inst. Rate	Total Amt. To Be Paid	Monthly Payment
Community Bank	01 Expedition / 94 Nissan Sentra	2256.00	7235.00	7 %	2679.17	44.65
Bank of Jones Cty	07 Nissan Altima	13340.25	15722.00	7 %	15849.18	264.15
Leroy Stakely	886 Magnolia Rd	28000.00	25000.00	0 %	28000.00	466.67
				%		
				%		
				%		

**SPECIAL CLAIMANTS.** (Co-signed debts, collateral for abandonment, etc.) ON ABANDONED COLLATERAL, DEBTOR TO PAY ZERO ON SECURED PORTION OF DEBT. Where proposal is for payment, creditor must file a proof of claim to receive proposed payment.

Creditor's Name	Collateral or Type of Debt	Approx. Amt. Owed	Proposal to Be Paid
Community Bank	886 Magnolia / 36 Carl Jones Rd.	70,362.28	Disputed - pay zero
Community Bank	861 Magnolia / 604 Ellisville Blvd	197,366.86	Abandon

**SPECIAL PROVISIONS** for all payments to be paid through the plan, including, but not limited to, adequate protection payments:

**UNSECURED DEBTS** totaling approximately \$ 15,512.50 are to be paid in deferred payments to Creditors that have filed claims that are not disallowed: 0 IN FULL or 0 % (PERCENT) MINIMUM.

Total Attorney Fees Charged \$ 2800.00  
 Attorney Fees Previously Paid \$ 936.00  
 Attorney fees to be paid through the plan \$ 1874.00

Pay administrative costs and debtor's attorney fees pursuant to Court Order and/or local rules.

Name/Address/Phone # of Vehicle Insurance Co/Agent

Attorney for Debtor (Name/Address/Phone # / Email)

Telephone/Fax

Tracee Darby  
2637 Ridgewood Road, Ste G  
Jackson, MS 39216  
 Telephone/Fax 601-724-2144 / 769-283-72  
 E-mail Address tracee@darbylawfirm.net

DATE: 09/07/2011

DEBTOR'S SIGNATURE  
 JOINT DEBTOR'S SIGNATURE  
 ATTORNEY'S SIGNATURE

Charles J. Jones  
Sandra J. Jones